

Diana Mitchell
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January 25, 2007

Appropriations Subcommittee
Representative Edith Clark (chair)

Madam Chair Clark and Subcommittee Members,

I come to you as a caregiver and as an advocate for my clients who are on the Senior and Long Term Care (SLTC) and Waiver programs.

As it costs less to help someone stay in their own home with community support than to pay for keeping them in a nursing home, it stands to reason that the numbers of people on the Senior and Long Term Care (SLTC) and Waiver programs should be increased. Not only is it more efficient than institutional limitations, it is the right thing to do. Having worked Home Care for a number of years, I can tell you that all of my clients have the same fear of no longer being able to live in their own homes as independent people. "Nursing Home" is a four letter word to them and it hangs over their heads as an unspoken threat of what could happen or where they would be without the community supports the SLTC and Waiver programs provide. These programs are crucial to successfully integrating our disabled neighbors into our communities. To live in the least restrictive environment, to have freedom of choice, to be as independent as possible, and to have the right of self direction is the right of all citizens.

As a caregiver, there are a number of issues I would ask you to give your attentions to.

- 1) **Pay:** While we greatly appreciate the last \$1 per hour raise, we need more and are worth more. In fact, that raise was the first for Hab Trainers in over ten years. The state minimum wage has finally increased and the Feds may do the same, bringing caregiver wages just marginally above minimum. This does not reflect the value of the caregiving industry.
- 2) **Benefits:** Those of us in the field truly have a passion for what we do. We know we provide an invaluable service to people who just need a little help to be successfully independent. Sadly, feeling good about the work we do doesn't pay our bills. Our clients have better medical care than their caregivers and I hope you will support SB 206 in hopes of providing Health Insurance for caregivers. This bill would go a long way towards easing the strained finances of caregivers. With healthcare benefits, caregivers could afford to get both preventive medical care as well as see a doctor as needed. This benefit could also help retain and recruit new caregivers to the field.

- 3) **Cost of living adjustments:** If annual cost of living adjustments were to be factored into annual budgets, the need would not come as a surprise and would be an expected cost of doing business.
- 4) **Auto insurance:** Part of my job requires me to transport clients to various places. Some recreational, some daily living related such as grocery shopping, and some as a medical escort. My auto insurance company requires me to have full coverage insurance because I am carrying clients as a result of my job. That amounts to one hundred dollars a month for which I don't get any compensation. Perhaps a cost share or insurance pool could be looked into.
- 5) **Mileage reimbursement:** Even fifty miles a week at twenty two cents per mile barely covers the cost of a car wash. Please raise this to a more significant amount so that caregivers are more willing to do client transport. It is the clients who lose out when caregivers refuse to provide transportation.

If we are to succeed in supporting people to live in their communities, we need to support the people who make that happen. Expanding HCBS and the Waiver program would allow more people to live more independent lives in their communities. Providing incentives, such as benefits, to get into the field of home care would expand the employee base and reduce the high turnover rate. We would all benefit in the long run and be better able to be contributing members of an economy to which we all belong.

Thank you for your time and consideration.

Yours truly,

A handwritten signature in cursive script that reads "Diana Mitchell".

Diana Mitchell

Appropriations Subcommittee
Representative Edith Clark- Chair

January 19, 2007

Madam Chair Clark and members of the Subcommittee,

I am writing this to let you know that I support the budget for the Senior and Long Term Care (SLTC) Division.

As a recipient of Personal Care Attendant (PCA) services, I know first hand how valuable those services are. With PCA help I am able to be a part of my community as opposed to having to live in an institution such as a nursing home. It's not fair to expect me to live in a nursing home when, with support services, I am fully capable of living in my own home. I am the boss and I have an identity and am not just a number or resident of a nursing home. In my home I have my cats, which are my beloved pets. In my home I live according to my schedule, not that of an institution. In my home I have my personal belongings and mementos. In my home I eat what I choose, not what a cafeteria is serving.

In addition to PCA services, I also have a Hab Trainer who assists me in getting regular exercise at the Rehab Pool which is of great benefit to my health. Another one helps me with my bills and any other paperwork necessary to living an independent life.

My Case Management Team sees to the coordination of my services and their efforts are invaluable. They oversee my wellbeing with an eye to maximizing my integration and participation in my community. As well, they oversee my medical attention and advocate on my behalf.

In addition to approving the SLTC budget, I would request that you increase the wages of all caregivers. They don't get paid nearly enough for the valuable services they provide. PCA's are crucial to my independence and my independence is crucial to my mental health.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in cursive script that reads "Pat Daley". The signature is written in dark ink and is positioned below the word "Sincerely,".

Pat Daley
245 E. Alder #1
Missoula, MT 59802
406.543.5924

January 25, 2007

Appropriations Subcommittee
Representative Edith Clark (chair)

Madam Chair Clark and Subcommittee Members,

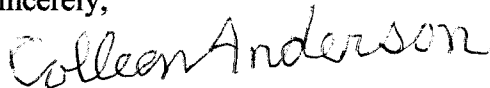
My name is Colleen and I am on both the State Plan and the Waiver program. I want you to know how much I appreciate these programs. I hope you will be able to continue them.

My PCA's help me with whatever is necessary and I manage to get along in life quite well. With them, I am able to live in my own apartment with my pet birds. Using my power wheelchair, I go to Super Wal-Mart, Safeway, bead stores, medical appointments and more. I get to do many things that an independent person wants to do.

My case manager helps me in many ways. She helped with my bed when it needed to be fixed, she has helped me to stay healthier, and she has supported my mental health or told me where to go to get help. She has also been assertive with me to get out for exercise and kept me from staying at home staring at four walls.

Without my PCA's and the Waiver program, I would probably be in a nursing home. I am extremely grateful for their services. I am also grateful that the state of Montana cares for the disabled rather than just throwing us away.

Sincerely,

A handwritten signature in cursive script that reads "Colleen Anderson".

Colleen Anderson
Missoula, MT

January 25, 2007

Appropriations Subcommittee
Representative Edith Clark (Chair)

Madam Chair Clark and Subcommittee Members,

I am a CNA with 7 years experience in both nursing home as well as community settings. I received my certification in Washington State. After becoming disenchanted with nursing home work, I went into Home Care.

Nursing homes are often short handed, and it is very difficult to call people in to cover shifts. I had the unfortunate experience of having to care for 52 patients alone for three consecutive night shifts. Patient to aide ratio is supposed to be 1-20. It's very difficult to get 5 minutes in with a patient, much less the 15 min. allotted. Now, I refuse to work in a nursing home because I am afraid I will lose my license that I worked so hard for. If I work in a situation in which I have too many patients, I'm guilty of "Neglect and abandonment". The hypocrisy of a nursing home is that there is an illusion of allowing for autonomy that in reality isn't there. As a CNA, I was trained to have respect and allow for patient choice. Yet if they refuse a service, we are told to push them to comply by our supervisor. If we refuse, we are written up for refusing a direct order. Where are the patient's rights? There's none.

Home Care, on the other hand, is wonderful. I can give the quality of care I want to give and my patients need. The quality of care is better at home than in a nursing home. I have the time to listen and understand a patient at their home, and I'm not rushed the way I am in a nursing home. I also prefer having one person telling me what to do, not 50 of them. Nursing home patients are depressed, their pride and respect is taken away from them. Independence is totally taken away. They are told what to do and when, what to wear. Home-based clients retain more control over their lives. They have more freedom and are less isolated. A person has more rights and respect at home than in a nursing home. Patients have told me they feel abandoned when moved to the nursing home. They don't feel abandoned in own home. In my experience, family members generally are reluctant to visit someone in a nursing home. If something is going wrong with a patient, I can tell better at home because of more familiarity with the patient. I am able to alert authorities early on before a lengthy hospitalization becomes necessary. This recently happened last November when I recognized something was wrong with a patient and when I mentioned this to her doctor, a blood test was done that resulted in my patient receiving 3 units of blood. Without my perception and communication with medical staff, my patient would have been hospitalized or even died. Home has choices, nursing homes don't.

Caregivers are the backbone of home care. We have the day-to-day contact with our clients. We provide the services necessary to keep our clients in their homes and out of the nursing homes. While I love and enjoy this profession, there are areas that could be improved.

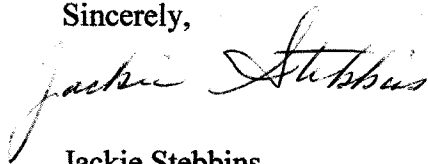
As a married mother of two, I know first hand the difficulties of living on not enough income. My husband, who is a mechanic, and I both work full time and yet we still can't meet the needs of our family. When we don't have enough food, we use the food bank. We don't qualify for any assistance as we make too much money together. Solution: Raise the caps to qualify. We are 2 dollars under to qualify for CHIPS and 2 dollars over to qualify for food stamps. The caps could be adjusted as part of annual costs of living increases. The poverty line, upon which I believe these caps are based, was established the year I was born. It is outdated.

While I am offered insurance through my employer, we can't afford it. There is no matching contribution to help. Coverage for me any my family would be \$189 per week. This is out of our budget. Use of Medical Escort is unlimited for clients, however my gasoline is not. Transporting clients to medical visits costs me more than the mileage reimbursement pays for. Not to mention the wear and tear on my personal vehicle. Oil adds up as well. 22 cents a mile is too low a reimbursement rate.

I think an annual cost of living increase should be part of your Senior and Long Term Care budget.

Thank you for your time and consideration,

Sincerely,

A handwritten signature in cursive script, reading "Jackie Stebbins". The signature is written in dark ink and is positioned above the printed name.

Jackie Stebbins
Missoula, MT

Please see the attached documents for further consideration.

January 25, 2007

Appropriations Subcommittee
Representative Edith Clark (Chair)

Madam Chair Clark and Subcommittee Members ,

Thank you for your time to hear our comments. I have come to present to you some of the advantages of the Senior and Long Term Care Division and the Medicaid Waiver program, As a recipient of Medicaid services, I would also like to share some of my perceptions of that program as well.

The Waiver program has supported my independence and allowed me to remain in my home by putting in place community supports. By protecting me from further complications from my disability, Waiver has saved the state hospitalization, medical, and nursing home costs. I am very grateful for the waiver program. Without it, I would be completely incapacitated. According to the Kaiser Family Foundation and the Harvard School of Public Health, 45% of patients who move into a nursing home are "worse off" than before. 70% of nursing home residents depend on Medicare/Medicaid and those costs have gone up 322% in ten years. It would seem to me that for health and cost reasons, it would be more way more advantageous for all, both the State and the individual, to stay in one's home with community supports.

Without the Waiver Program I would not be provided with the following.

Socialization: This is pivotal to counteracting depression through outside interactions with the world, which often is taken for granted by those who have their independence.

Hab assistance: This provides for help with so much that the State Plan doesn't allow for, such as mental stimulation, document assistance, and regular exercise to keep muscles from wasting

Homemaker: This is necessary to support sanitary living conditions and a healthful environment.

To hear of consideration to cut state hours, which are barely adequate as it is, is opprobrious. I would hope that you would look closer at the waste that is now in existence, which would save Medicaid dollars in the long run. Such as: Refusal to provide a power wheelchair. Instead, client goes repeatedly to hospital, at greater expense, to address the decubitis (bed sores) Considering dental care as non-medical for coverage results in people not obtaining routine dental care which oftentimes will lead to infection. Instead of repairing the teeth, the Dentist will just pull them. This all leads to inadequate nutrition, compromised health, which will eventually become a greater expense to the state in medical and hospitalization bills. This is a greater cost than proper repair and adequate dental work so the person could maintain proper nutrition for the body to fight diseases and infections. These are just a few examples where preventative

maintenance would be far less costly than the consequences of trying to cut costs in the beginning. To take away hours would lead to less thorough care and would lead to an increase in medical costs/ expenses. Identifying and eliminating waste would free up revenue for enhancement and expansion of programs, thus reducing the patient cost to Medicaid.

I, like you, was once working hard and paying taxes. No one ever thinks this will happen to them, but it does. As sentient individuals, to beg and fight for our rights and needs to be met is demeaning. Unfortunately, we have to depend on others for our independence that we have lost. Please take this under consideration when determining appropriation requests.

Sincerely,

A handwritten signature in cursive script, appearing to read "Nancy Davenport". The signature is fluid and stylized, with a large loop at the end.

Nancy Davenport